24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 8 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC		C C00530766		
		M = M / D = D / Y = Y = Y		
Check if 24-hour report 48-hour report New re	port Amends report	filed on		
Full Name of Payee Personalized Marketing Communications		Date of Public Distribution/Dissemination		
		05 / 13 / 2014		
Mailing Address 85 Air Park Drive		Amount		
City State	Zip Code	1675.20		
Lynchburg VA	24502	Transaction ID: 22f4e88f-05e9-4df8-b Date of Disbursement or Obligation		
Purpose of Expenditure Fundraising Letter	Category/ Type 003	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District: 00		
Mr. Mark L Pryor	X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶		
Full Name of Payee Personalized Marketing Communications		Date of Public Distribution/Dissemination		
Moiling Address				
Mailing Address 85 Air Park Drive		Amount		
City State	Zip Code	2811.67		
Lynchburg VA	24502	Transaction ID: aa4761f7-3a85-458e-b Date of Disbursement or Obligation		
Purpose of Expenditure Fundraising Letter	Category/ Type 003	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: House District: 00		
Mr. Mark L Pryor	Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures		4486.87		
(b) SUBTOTAL of Unitemized Independent Expenditures		•		
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electro	onically Filed] Date	05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	LINDITOTILO	PAGE 2 OF 8 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766				
		0 000000.00			
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay			
Full Name of Payee Personalized Marketing Communications	2	Date of Public Distribution/Dissemination			
		05 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 85 Air Park Drive		Amount			
City State	Zip Code	1675.20			
Lynchburg VA	24502	Transaction ID: 3d367401-9c33-4aeb-8 Date of Disbursement or Obligation			
Purpose of Expenditure Fundraising Letter	Category/ Type 003	05 / 13 / 2014			
Name of Federal Candidate	Support Off	ice Sought: House District: 00			
Ms. Kay Hagan	X Oppose	President State: NC			
Calendar Year-To-Date Per Election for Office Sought	13847.05 Dis	bursement For: Primary General Other (specify)			
Full Name of Payee		Date of Public Distribution/Dissemination			
Personalized Marketing Communications		M M / D D / Y Y Y Y			
Mailing Address 85 Air Park Drive		05 13 2014			
- 307.11.1 d.11.2.11.10		Amount			
City State	Zip Code	2811.67			
Lynchburg VA	24502	Transaction ID: e6b39cce-cee6-4206-a Date of Disbursement or Obligation			
Purpose of Expenditure Fundraising Letter	Category/ Type 003	05 13 / Y Y Y Y Y Y			
Name of Federal Candidate	Support Off	ice Sought: House District: 00			
Ms. Kay Hagan	∑ Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	13847.05 Dis	Sbursement For: Primary ☐ General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.					
	[Electronically Filed] Date	05 30 2014			
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
۷۱	Vomen Speak Out PAC	C C00530766		
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay		
	Full Name of Payee	Date of Public Distribution/Dissemination		
	The Stoneridge Group	05 28 2014		
	Mailing Address 4400 North Point Parkway	Amount		
	Suite 190	Amount		
	City State Zip Code	250.00		
	Alpharetta GA 30022	Transaction ID: 5f1c754e-10a7-44b4-9 Date of Disbursement or Obligation		
	Purpose of Expenditure Website Design Category/ Type 004	05 28 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate Support Office	Sought: House District: 00		
	Mr. Mark L Pryor Oppose	President State: AR State:		
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary X General Other (specify) ▶		
	Full Name of Payee The Stoneridge Group	Date of Public Distribution/Dissemination		
	Mailing Address 4400 North Point Parkway	05 28 2014		
	Suite 190	Amount		
	City State Zip Code	2375.00		
	Alpharetta GA 30022	Transaction ID: 478f1c16-9768-47e1-b Date of Disbursement or Obligation		
	Purpose of Expenditure Website Design Category/ Type 004	05 28 2014		
	Name of Federal Candidate Support Office	Sought: House District: 00		
	Mr. Mark L Pryor Oppose	President State: AR State:		
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:		
(a) SUBTOTAL of Itemized Independent Expenditures				
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures			
,	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date Signature	30 / 2014		
	Signature			

PAGE

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)					
Women Speak Out PAC C00530766					
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y				
Full Name of Payee The Stoneridge Group	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination				
Mailing Address 4400 North Point Parkway					
Suite 190	Amount				
City State Zip Code	250.00				
Alpharetta GA 30022	Transaction ID: c3496f5a-2f88-4af9-a Date of Disbursement or Obligation				
Purpose of Expenditure Website Design Category/ Type 004	05 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	e Sought: House District:00				
Ms. Kay Hagan Oppose	President State: NC				
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary				
Full Name of Payee	Date of Public Distribution/Dissemination				
The Stoneridge Group	05 28 2014				
Mailing Address 4400 North Point Parkway	Amount				
Suite 190	Amount				
City State Zip Code	2375.00				
Alpharetta GA 30022	Transaction ID : 2c8e45b7-28b5-4edc-b Date of Disbursement or Obligation				
Purpose of Expenditure Website Design Category/ Type 004	05 / 28 / 2014				
Name of Federal Candidate Support Office	ce Sought: House District: 00				
Ms. Kay Hagan Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought Disb. 201	oursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	2625.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Signature	05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Oignatalo					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INT EXI ENL	JITONES	PAGE 5 OF 8 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	C C00530766				
Check if 24-hour report 48-hour report	Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee			Date of Public Distribution/Dissemination		
Victory Phones			05 / 28 / 2014		
Mailing Address 190 Monroe Ave, NW			Amount		
5th Floor					
City Grand Rapids	State MI	Zip Code 49503	6735.18 Transaction ID : 39363486-d7d5-497f-a		
Purpose of Expenditure			Date of Disbursement or Obligation		
Phone Calls		Category/ Type 004	05 28 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		13847.05	Disbursement For: Primary General 2014 Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Pound Feinstein			05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1620 I St., NW			Amount		
Suite 925			Amount		
City	State	Zip Code	2706.00		
Washington	DC	20006	Transaction ID : f317d6e3-2480-4cb6-9 Date of Disbursement or Obligation		
Purpose of Expenditure Brochures		Category/ Type 004	05 / 20 / 2014		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Mr. Mark L Pryor		X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		9817.87	Disbursement For: Primary		
,					
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan	[Electro	nically Filed] Date	05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Sc	chedule E)				FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)						
W	Jomen Speak Out PAC				C C00530766	1
					C 600330700	J
Ch	eck if 24-hour report 48-hour re	eport New rep	port Amends repo	ort filed	on M M / D D / Y Y Y Y Y]
П	Full Name of Payee				Date of Public Distribution/Dissemination	
1	United States Treasury				05 30 2014	٦
1	Mailing Address PO Box 804522				30 30 2014	-
1					Amount	
	City	State	Zip Code		22.93	7
1	Cincinatti	ОН	45280		Transaction ID : 24b25700-0357-42f3-b	
	Purpose of Expenditure		Category/		Date of Disbursement or Obligation	
	Taxes		Type 001		05 30 2014	_
1	Name of Federal Candidate		Support	Office	Sought: House District: 00	_
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA	_
	Calendar Year-To-Date Per Election for Office Sought		15416.16	Disbur 2014	rsement For: Primary	al
	Full Name of Payee	, , , , , , , , , , , , , , , , , , , ,			Date of Public Distribution/Dissemination	=
1	Department Of Employment S	ervices			Date of Public Distribution/Dissemination	
1	Mailing Address 4058 Minnesota Ave N				05 30 2014	
	4058 Minnesota Ave, N	NE			Amount	
1	City	State	Zip Code		8.43	
1	Washington	DC	20019		Transaction ID: df2e7295-a09d-41f2-b Date of Disbursement or Obligation	
1	Purpose of Expenditure		Category/		M - M / D - D / Y - Y - Y - Y	
1	Taxes		Type 001		05 30 2014	J
1	Name of Federal Candidate		Support	Office	Sought: House District: 00	
1	Ms. Mary L Landrieu		X Oppose		President State: LA	
	Calendar Year-To-Date			Disbu	rsement For: Primary X Genera	al
	Per Election for Office Sought		15416.16	2014	Other (specify) ▶	
	(a) SUBTOTAL of Itemized Independent E	expenditures		🔈	31.36	٦
	,			•		_
(b) SUBTOTAL of Unitemized Independent Expenditures]	
	(c) TOTAL Independent Expenditures					٦
	(c) TOTAL Independent Experialities			··· •	7 7 7	_
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 05	5 30 2014	
	Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	LXI LIID	101120			PAGE 7 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amen	ds report	filed on	/ D D / Y Y Y Y Y
Full Name of Payee Fast Signs				M = M	ic Distribution/Dissemination
Mailing Address 3001 Tulana Ave.				05 Amount	29 2014
Suite 1	21-1-	7: 0 1 -			204.04
City S New Orleans	State LA	Zip Code 70111			224.81 ID: 4c160c5e-2649-4e60-b pursement or Obligation
Purpose of Expenditure Banner		Category/ Type	004	05	29 2014
Name of Federal Candidate		Sur	pport	Office Sought:	House District: 00
Ms. Mary L Landrieu			oose	· ·	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		15416.16		Disbursement For: 2014 Other (s	Primary
Full Name of Payee Design 4 Marketing Communications Mailing Address 106 N Collins St				Date of Publ 05 Amount	lic Distribution/Dissemination / DDD / YDD Y YDD YDD Y YDD YDD Y YDD YDD Y YDD YDD Y YDD YYD YDD YDD Y YDD YDD YDD Y YDD YDD Y YDD Y YDD YND YDD YD
City	State	Zip Code			550.00
Plant City	FL	33565		Transaction I Date of Disk	ID: 7f839893-2904-4bb7-8 bursement or Obligation
Purpose of Expenditure Banner		Category/ Type	004	05	29 / 2014
Name of Federal Candidate		Sup	oport	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Op	pose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		15416.16		Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditures.				•	774.81
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	
(c) TOTAL Independent Expenditures)	4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
Ms. Emily Buchanan	[Electron	ically Filed]	Date	05 30	2014
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 8 OF 8 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766				
Check if Z 24-hour report 48-hour report X New report Amends report filed on					
Full Name of Payee	Date of Public Distribution/Dissemination				
The Lukens Company	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 2800 Shirlington Road	Amount				
9th Floor					
City State Zip Code	8000.00				
Arlington VA 22206	Transaction ID: 97d7a171-17c0-433b-9 Date of Disbursement or Obligation				
Purpose of Expenditure Door Hangers Category/ Type 00	04 05 30 7 2014				
Name of Federal Candidate Support	Office Sought: House District: 00				
Ms. Mary L Landrieu Oppose					
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
The Lukens Company	05 30 Y Y Y Y Y Y				
Mailing Address 2800 Shirlington Road					
9th Floor	Amount				
City State Zip Code	8000.00				
Arlington VA 22206	Transaction ID: 0b1e2127-8c34-4611-8 Date of Disbursement or Obligation				
Purpose of Expenditure Door Hangers Category/ Type OC	04 05 7 30 7 2014				
Name of Federal Candidate Support	t Office Sought: House District: 00				
Ms. Kay Hagan Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought 13847.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶				
					
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	40471.09				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Signature	pate 05 30 2014				
Signature					